

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF NUTRITIONAL HEALTH AND SERVICES

Women's Nutrition Questionnaire

What Have You Been Eating Lately?

"During the past 4 weeks, how often did you eat a serving of each of the foods listed here?" Mark only one X for each food

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		st 4 eks	ea	ch we	eek	each day					
Number of times	0	1–3	1	2–4	5–6	1	2–3	4–5	6+		
Milk				X							
Hot chocolate	X										

DCN:/
Name:
DOB:/
Date Assessed://
☐ Pregnant
Date of confinement:
\square Breastfeeding (1st 6 months)
\square Breastfeeding (2nd 6 months)
\square Not Breastfeeding
WIC during current pregnancy: Yes No

		last 4 weeks				each day			
Number of times	0	1–3	1	2–4	5–6	1	2–3	4–5	6+
Milk									
Hot chocolate									
Cheese, plain or in sandwiches									
Yogurt									
Ice cream									
Pudding									
	0	1	2	3	4	5	6	7	8

What kind of milk do you usually drink? (Check one)

₃∐ whole	5 1%	⁷ chocolate milk
4 2%	⁶ skim	0 other

		last 4 weeks				each week		each day		
Number of times	0	1–3	1	2–4	5–6	1	2–3	4–5	6+	
Orange juice or juice with vitamin C added										
Other juice										
Fruit drinks (Hi-C, Kool-aid, lemonade)										
Orange or grapefruit										
Bananas										
Apple or applesauce										
Grapes										
Peaches, pears, or apricots										
Strawberries										
Cantaloupe										
Watermelon										
Pineapple										
Raisins or prunes	0	1	9	2	1	E	C	7	0	

Mark only one X for each food

How often did you eat a serving of these foods during the past 4 weeks?

		st 4 eks	each week			each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Corn									
Peas									
Tomatoes, tomato sauce, salsa									
Peppers (green, red or hot)									
Carrots									
Broccoli									
Green beans									
Spinach									
Greens (mustard, turnip, kale)									
Mixed vegetables									
Squash, orange or winter									
Zucchini, yellow squash									
French fries, fried potatoes, tater tots									
Potatoes (baked, boiled, or mashed)									
Sweet potatoes or yams									
Cabbage, coleslaw or cauliflower									
Okra									
Lettuce salad									
Salad dressing or mayonnaise									
	0	1	2	3	4	5	6	7	8

	last 4 weeks		each week		ek	each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Chips (potato, corn or others)									
Popcorn or pretzels									
Crackers									
Nuts									
Cookies or brownies									
Cake or cupcake									
Pie									
Jello									
Chocolate or candy bar									
Other candy (not chocolate)									
Coffee or tea									
Soda, soft drink, pop (not sugar free)									
Soda, soft drink, pop (sugar free)									
Beer, wine, wine cooler, mixed drink, or liquor									
	0	1	2	3	4	5	6	7	8

		st 4 eks	each week			each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Beans (baked, chili, or other)									
Rice									
Spaghetti or other pasta									
Pizza									
Tacos, burritos									
Macaroni and cheese									
Hot dogs									
Ground beef (hamburgers, casseroles)									
Canned tuna									
Fried fish, fish sticks									
Other fish									
Cold cuts (baloney, ham, salami)									
Fried chicken, chicken nuggets									
Other chicken or turkey									
Pork chops, pork steak, roast, or ribs									
Steak or roast (beef, deer)									
Liver, organ meats									
Peanut Butter									
Ham, baked or steak									
Bread (slice), toast, roll or pita									
Butter (not margarine)									
Margarine									
	0	1	2	3	4	5	6	7	8

	last 4 weeks		each week			each day			
Number of times	0	1-3	1	2-4	5-6	1	2-3	4-5	6+
Vegetable soup									
Other soup									
Cornbread or tortilla									
Eggs									
Bacon									
Sausage									
Hot cereal, grits									
Cold cereal									
Donut									
Sweet roll, muffin, or pop tart									
Pancake, waffle, or french toast									
English muffin or bagel									
Biscuit									

Women's Nutrition Questionnaire

1.	In the months before this pregnancy, how many times a week did you take a multi-vitamin?
	\square I did not take a multi-vitamin \square I took a multi-vitamin \square times a week
2.	Have you taken any vitamins or minerals in the past month? \Box No \Box Yes
3.	How often are you taking an iron pill now? \square Never \square Every day \square 4-6 times a week \square 1-3 times a week \square Less than one time a week
4.	How often do you eat fried foods? \Box Never \Box Every day \Box 4–6 times a week \Box 1–3 times a week \Box Less than one time a week
5.	Are you taking any of these medications? (Mark all that apply) $ \Box_{01} \text{ Antibiotics} \qquad \Box_{01} \text{ Laxatives} \qquad \Box_{01} \text{ Insulin} $
	\square Antacids \square Aspirin \square Diabetic pills \square Other \square
6.	How many times a day do you usually eat? Meals Snacks
7.	Do you eat any of the following? (Mark all that apply)
	$_{\scriptscriptstyle{0/1}}$ Ice $_{\scriptscriptstyle{0/1}}$ Clay or dirt $_{\scriptscriptstyle{0/1}}$ Paint chips $_{\scriptscriptstyle{0/1}}$ Corn or laundry starch $_{\scriptscriptstyle{0/1}}$ Other non-food
	ar answers to the following questions will be kept confidential and will not affect your WIC and/or other defits in any way. Please answer these questions as they apply to your household.
1.	Which of the following statements best describes the food eaten in your household in the last 12 months: \Box Enough and the kinds of food we want to eat \Box Enough but not always the kinds of food we want to eat
	\square Sometimes not enough to eat \square Often not enough to eat \square Don't know or refused
2.	(I/We) couldn't feed (my/our) child/children a balanced meal because (I/we) couldn't afford that.
	\square Often true \square Sometimes true \square Never true \square Don't know or refused
3.	In the last 12 months, since last (name of current month) did (you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?
	\square Yes \square No \square Don't know or refused
4.	If you answered "Yes" to #3 above, how often did this happen?
	\square Almost every month \square Some months but not every month \square Only 1 or 2 months
	☐ Don't know or refused
5.	In the last 12 months, did (you/or other adults in your household) ever not eat for a whole day because there wasn't enough money to buy food?
	☐ Yes ☐ No ☐ Don't know or refused